



APPLICATION FOR COMPETITIVE EXAMINATION
CIVIL SERVICE BOARD, DAYTON, OHIO
371 W. Second Street, Suite 231, Dayton, Ohio 45402
Telephone: (937) 333-2300



PLEASE PRINT LEGIBLY

POSITION: POLICE RECRUIT

Last Name:		First Name:		MI:
Mailing Address:				Apt.
City:		State:	Zip:	
Social Security #:		E-mail Address:		
Preferred Phone:		Alternate Phone:		

GENERAL INFORMATION

Are you a U. S. Citizen? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐

Do you have a High School diploma or GED? Yes ☐ No ☐

Date of Birth:

How old are you?

Do you possess a current valid driver's license? Yes ☐ No ☐

Driver's License # State: Expire Date:

AUTHORITY FOR RELEASE OF INFORMATION

As an applicant for employment with the City of Dayton, Ohio, I understand and agree that the City, and its agents may make a thorough investigation of my past employment and activities prior to employment and that in accordance with the Drug-Free Workplace Program, drug testing will be required. I authorize the recipient of this document to release any and all requested records as they relate to my previous employment or academic experience. A photocopy of the release shall have the same force and effect as the original. I release your organization from any liability or damages which may result from the exchange of the information requested. Employment is contingent upon passing a medical examination, completing a police background check, and the verification of experience and educational credentials. Persons employed must also comply with provisions of the Immigration and Nationality Act.

I understand that I am responsible for the correctness of this application. I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand a false answer or material omissions may be grounds for dismissal from the City of Dayton. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

By signing your name below, you agree to the Authority for Release of Information Statement.

SIGNATURE:

DATE:



CIVIL SERVICE BOARD – DAYTON, OHIO

EQUAL EMPLOYMENT OPPORTUNITY DATA

Filling out this portion is optional

Last Name:

First Name:

Middle Initial:

Social Security #:

Position Applying for:

To comply with the Civil Rights Act of 1964 (title 42, U.S.C. Section 200 et seq.) and related laws, the Civil Service Board must monitor its record of employment. To aid this effort we request that you identify your sex, group status, age, and pertinent disability status on this form. This information will only be maintained for monitoring the compliance with laws and regulations and will not be used for any other purposes.

1. Group Status (Check One):

☐ White (Not of Hispanic Origin)

☐ Black (Not of Hispanic Origin)

☐ Hispanic

☐ Asian or Pacific Islander

☐ American Indian or Alaskan Native

2. Age: Date of Birth:

3. Sex: ☐ Male ☐ Female

4. Do you have any disabilities which could limit your ability to perform the job applied for: Yes ☐ No ☐

If Yes, based upon a description of the available job, which duties would you be unable to perform because of a physical or medical disability?

Please describe the disability for the purpose of assessing accommodations, which could be made.